VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9583 **CERTIFICATE OF DEATH** 09550

						Well: misst in	•
1. PLACE OF DEATH	d. 16	M	ARYLAND	o. STATE	ere deceased lived. If institution b. COUNT	IY	
5	t. Marys			Maryla			rys
RURAL ond give	I (If outside corporale limits nearest town)	, write c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL and give n	earest town)
Cali	fornia	40 yr	S	X Califo	rnia		
d. NAME OF HOS	PITAL (If not in hospital, given	re street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
OK HASTITUTION	Rural			Rural			YES NO
. NAME OF	First	Mid	ldle	Lost	4. DATE M	onth I	Day Year
(Type or print)	Griffith			exander	Of .	zust 25	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	RRIED 8	DATE OF BIRTH	9. AGE (In year lost birthday		AR IF UNDER 24 HRS.
male	white	WIDOWED X DIVO	RCED 🔲	Jan.15.18			Hours Min.
Da. USUAL OCCUPA	TION (Give kind of work do	one 10b. KIND OF BUSINES	S OR INDUST			12. CITIZEN	OF WHAT COUNTRY
during most of w Repor	orking life, even if retired)					USA	
3. FATHER'S NAME	CCT	Newspape	1	Englar		1 00%	
p. Traffick & Partitle	17-1						
	Unknown			Unknow			
S. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FORC			FORMANT		ddress	
no			Wm	.A.Loker -	Leonardtown	. Md.	
18. CAUSE OF D	EATH [Enter only one cou	se par line for (a), (b), and	(c).]	1		IN	TERVAL BETWEEN
PART 1, D	EATH WAS CAUSED BY:	(more of a	44 10	6		O	SET AND DEATH
112	IMMEDIATE CAUSE (a)	COYOVA	0	ECMAL			mous
7.2	OT BUD	D		0			166.
Conditions, if		Coronary	AL	losover		/	o gener
gove rise to cosse (a), slatin		1	- 1				12.11
lying couse los		Morrice	ALE	nous		1	oques
PART H. C	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	SIVEN IN PART 1(0)	PERFORMED?
							YES NO
20a. ACCIDENT NO CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE HOW INJUR	Y OCCURRED	. (Enter nature of injury in f	Port 1 or Port II of item 18.)		
20c. TIME OF INJ	URY Month, Day, Year	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, farm	, 20f. (City or town)	(Count)	y) (State)
Hour a. n	10	While Not while	faci	ary, street, office bldg., etc.)		
ξ p. π	n. 17	at work at work		B-4			
21. I certify	that I attended the	deceased framQ	-quest		Weg 25, 196	2_that I last	saw the deceased
alive an	aug 24	, 19 60 , and th	nat death		M fram the causes		
	4	ALDA	0		ADDRESS (Street, city or town		DATE SIGNES
ACTUAL		M Dem	- Ma	10. 40 cm	W.7/ 4	1	0.2000
SIGNATURE	-	. /		10.	-f-Idal-Arthfifted	£	vay Ly
PHYSICIAN'S	DI	Bean. MD		Connet N	en - rren	0/05	100
NAME (Type)_	P.J.				lills, Md.	0/ 60	7.00
PEMOVAL (Speci	TION, 226. DATE THEREOF				22d. LOCATION (City, town	, or county)	(State)
Burial	" 8/29/60) Ebene	zer C	emeterv	Great Mil	lls. Md.	
23. FUNERAL DIRECTO		ADDRESS				GISTRAR'S SIGNAT	
P.B. R	obinson - I	eonardtown	. Ma.	DATE SE	P 2 '60 C	Inthus S. Ka	are &

BURN CERTIFICATE OF DEATH DET , CARE The state of the s The second of the second of בייי ועלטוריוסת - ערות מריילקווו, וויא

FOR STATE

TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any, by is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the function director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit paget. File pages 1 and 2 with the State Board of Hostit, or its designated agent, prior to burial, cremation, or removel, and in Any event within 72 hours efter death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09551

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
o. COUNTY St. Mary:s MARYLAND	a. STATE Maryland b. COUNTY St. Mary's
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Leonardtown	Charlotte Hall
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
St. Mary's County Jail	ON A FARM? YES \(\sum \) NO \(\)
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) WESLEY Ethelle	AMMONS DEATH August 10 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
36 9	April 22, 1913 last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Auto Mechanic	Baden N.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dra-ton & Armone	Lena Davis
Preston A. Ammons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (If yes give wer or detes of service)	
No 227-07-1386M	rs Mary W. Ammons, Charlotte Hall, Md
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Fatty Liver	
DUE TO	
Conditions, if env, which (b)	
geve rise to immediate ceuse	
tel, sleting the underlying	
10)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
E CONTRACTOR CONTRACTO	PERFORMED?
5	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stele)
Hour a.m. While Not While	ctory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from: Natural causes X. Accident X. Suid	cide, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Charles S. letter.	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE COCCO	DEPUTY MEDICAL EXAMINER [] 8/10/60
NAME (Type) Charles S. Petty M.D.	Address (Street, city, town, or county)
NAME (Type) Charles S. Petty M.D. 22 BURLA CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
The state of the s	
Removal Aug 13, 1960 Appoint tox	24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE
J.T. Morris & Son, Hopewell, Virgi	a La
and the soul of the second sec	DATE AUG 15 05

mirror ... in the second TO PERMIT Trail attoornal Atal mitricett attend . Sti Y 2538 Of - hugget EXHIL 015014 output BIRN 101 09 115 * * * Beden NyCe wined Mochanic alvel appl ABBRUMA. A BOSecti SELECTION THEY IN APPORTS, CARLOTTE INTERIOR INTERIOR CHURCH TORRES CALLERY - SECTION Enteropy rini in div Aug 13, 1960 Appoint box Consterr | Drewell Lavone ATTEMPT REPORTED STATES OF THE POPULATION

VR A15 (4) 15M 9/59

9584

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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10669

S. A. Maryland U.S.A.	1. PLACE OF DEATH o. COUNTY	04 W		MARYLAND	2. USUAL RES			lived. If institut		e before a	dmission)
RUTAL COD give notes town RUTAL California d. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital, give street oddress) J. NAME OF HOSPITAL (If not in hospital) J. NAME (If not in hospital)	b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR			ote limits, write f	RURAL ond gi	ve nearest	town)
d. NAME OF HOSPITULION A STREET ADDRESS a. IS RESIDENCE OR INSTITUTION IN AME OF HOSPITUL (If not in hospital, give street oddress) J. NAME OF HOSPITUL (If not in hospital) J. NAME OF HOSPITUL					V						
Decay Deca	d. NAME OF HOSE	ITAL (If nat in hospital,	give street	oddress)	The last of the la		Oalilo	11114			ON A FARM?
S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED NOVER DEATH NO. COLOR OR RACE No. COLOR OR	3. NAME OF DECEASED	Fi	rst	Middle	Lo	st		Мог	nth	Doy	Year
Male White WIDOWED DIVORCED 12/21/1897 62 975. Months Doys Hours Min. 100. USUAL OCCURRED (cive kind of work done during most of working life, even if refired) Farming 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASSOD VER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECASSOD VER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course peopling for (o), (b), pnd (c).] 19. MATTILL DEATH WAS CAUSED BY. 19. DUE TO Conditions, if any, which gover rise to immediate course of the c		William		I. A:	rmsworth	7	DEATH	Aug.	29	9,	19 60
Mail	5. SEX	6. COLOR OR RACE	7- MARR	RIED NEVER MARRIED	B. DATE OF BIRT	Н	1	P. AGE (In years			
100. USUAL OCCUPATION (Give kind of work done) Farming Industry 100. Birthplace (slove or foreign country) Farming Industry 100. Birthplace (slove or foreign country) Maryland Industry 100. Birthplace (slove or foreign country) Maryland Industry 100. Birthplace (slove or foreign country)	Male	White	WIDOWE	ED DIVORCED	12/24/	897				Doys Ho	ours Min.
Tarming Tarm	10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHP	ACE (State	or foreign co	untry)	12. CITIZ	EN OF WH	IAT COUNTRY?
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Cause of DEATH Enter only one cause peopling for (o), (b), and (c). 18. CAUSE OF DEATH Enter only one cause peopling for (o), (b), and (c). 18. CAUSE OF DEATH California, Md 18. CAUSE OF DEATH California, Md 18. CAUSE OF DEATH California, Md 18. CAUSE OF DEATH 18. DEATH WAS CAUSED BY: 18. DE	Maria.		13		Max	vland	d		U	S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO B 16. SOCIAL SECURITY NO. 17. INFORMANT Susie H. Armsworthy California, Md 18. CAUSE OF DEATH [Enter only one course pending for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate course (b) to gove rise to immediate course (o), stoling the under. Immediate CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate course (b), stoling the under. If ying couse lost. 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. INFORMANT Address California, Md INTERVAL BETWEEN ONSE! AND DEATH ONSE! AND D		5				- 1					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? TO B 16. SOCIAL SECURITY NO. 17. INFORMANT Susie H. Armsworthy California, Md 18. CAUSE OF DEATH [Enter only one course pending for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate course (b) to gove rise to immediate course (o), stoling the under. Immediate CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate course (b), stoling the under. If ying couse lost. 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 17. INFORMANT Address California, Md INTERVAL BETWEEN ONSE! AND DEATH ONSE! AND D	Tabas	Ab-11 Aumor			Mana	T 10.					
Ten Do, or unknown Susie H. Armsworthy California, Md	IS. WAS DECEASED EN	FR IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO. 17.1		Ti V	nasell	Add	Iress	_	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY. DUE TO Canditions, if any, which gave rise to immediate course (o), stoling the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING COURSED CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While of work o	(Yes, no, or unknown)	(If yes, give war or dates of	ervice)			7 A					352
PART I, DEATH WAS CAUSED BY. DUE TO			12.		Dusta t	i. All	TEMOT. CIT	y 08	ALLION	-	
DUE TO Conditions, if any, which gove rise to immediate couse (o), stoing the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING DO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20b. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while of work of factory, street, affice bldg., etc.) 10 critify that (I) (this haspital) attended the deceased fram. 21 certify that (I) (this haspital) attended the deceased fram. 22 do accident was underly and the couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. P. J. Bean M. D. 33c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)		EATH WAS CAUSED BY:	()	home 1	HATA	ali	ti			ONSET	AND DEATH
gove rise to immediate couse (o), stoting the under. DUE TO	420			100	1					-	1
gove rise to immediate couse (o), stoting the under. DUE TO	Canditions, if	any, which) "									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES PROMED?	gove rise to	immediate (
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NOW PERFORMED? 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED work of factory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED work of factory, street, affice bldg., etc.) 21c. I certify that (I) (this haspital) attended the deceased fram		& the numer.									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last				CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. V	VAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work, street, affice bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased alive an attended the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last saw the deceased from 19.35, to 20. 1960, that (I) (we) last	ICATIO									PI	ERFORMED?
21. I certify that (I) (this haspital) attended the deceased fram		G CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in	Port I or Port	II of item 18.)			
Saw the deceased alive an Accept 29 1960, and that death accurred at 2,30% from the causes and an the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 22d. ADDRESS Great Mills, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF Z3c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	Y 20c. TIME OF INJU Hour o. m p. m	10	While	Not while for	LACE OF INJURY octory, street, affic	Home, farn e bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(State)
Saw the deceased alive an Accept 29 1960, and that death accurred at 2,30% from the causes and an the date stated above. 22a. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS NAME (Type) 22d. ADDRESS Great Mills, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF Z3c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	21. I certify th	at (I) (this haspita) attend	led the deceased from		19	35. to	aux 2	9. 1961	2. that	III Iwel last
220. SIGNATURE 220. DATE SIGNED 220. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. SIGNED 220. SIGNATURE 220. DATE SIGNED 220				A 1.				//	1		
22c. PHYSICIAN'S NAME (Type) Dr. P.J. Bean M.D. 23d. ADDRESS Great Mills, Maryland 23d. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) 23d. LOCATION (City, town, or county) (Stote)		ased diffe on the	1	The state of the s	dedili decorre	u ulas za	ore com	ne couses or	id un ine	dale sic	
22c. PHYSICIAN'S NAME (Type) Dr. P.J. Bean M.D. 22d. ADDRESS Great Mills, Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) (Stote)				Mana 1	ATTENDIN		IED.			a.	SIGNED
Dr. P.J. Bean M.D. Great Mills, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)	22c. PHYSICIAN'S			1 proces			INECTOR [111(3,		- 1000	1/60
REMOVAL (Specify)	NAME (Type)	Dr. P.J. Be	an M.	,D,	Gre	at Mi	11s, Ma	ryland			63
)F	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATI	ON (City, town,	or county)		(Stote)
		9/1/60		Holy Face			Great	Mills.		Ma	ryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	R'S SIGNATURE				2So. REC	D BY REGISTR	AR 25h REGI	STRAR'S SIGI	NATURE	
W. Clarke Mattingley Leonardtown. Md DATE SEP 1 9 60 Chilling S. Thomas	W. Clark	e Mattingle	v	Leonardtown	. Md	DATE SI	EP 1 9 '6	Cl	thur d.	/ bralls	

	<u> </u>	lesker			- yet de	
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A STATE OF THE STA				• •		
	.61			and the		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09552

			CERTITIO	CAIL	OI DEAII					
1. PLACE OF DEATH	Mary's		MARYLA		USUAL RESIDENCE (Vo. STATE Maryland	Vhere deceased	b. COUNTY		before adi	mission)
RURAL and give	(If outside corporate limi nearest town)	ls, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF		rote limits, write l	URAL and give	negrest t	own)
	renue PITAL (If not in hospital, g N	ive street a	O YTS		d. STREET ADDRESS	enue			OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin		Middle		Last	4. DATE OF DEATH	Mo		Day	Year
S. SEX	6. COLOR OR RACE		Joseph		Baker ATE OF BIRTH	DEATH	9. AGE (In years	IF UNDER 1 Y	EARLIE UI	1860 NDED 24 HB
5. SEX	a. COLOR OR RACE		ED NEVER MARRIED				lost birthdoy)	Months Do		-
Male	White	WIDOWED		2.43	ay 16, 1879		81 yrs.	lan autono		
during most of w	TION (Give kind of work or orking life, even if retired)	done 106. K	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stot	e or toreign ci	ountryl			AT COUNTRY
						ngton,	D.C.	W.S	A.	
13. FATHER'S NAME				14	I. MOTHER'S MAIDEN	NAME				
Benian	in Franklin	Baker			Mary Eliz	abeth	Vills			
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. S		17. INFOR				lress Linnw	ond.	N.J.
(Yes, no. or unknown)	(If yes, give wor or dates of s	esaice)		Rev	mond L. Ba	ker	215	West K		
IR CAUSE OF I	EATH [Enter only one co	use per line	for (a) (b) and (c) 1	31003						BETWEEN
	EATH WAS CAUSED BY:	ose per min	He or	40	illian.				ONSET A	ND DEATH
1.1.5	IMMEDIATE CAUSE (o		7 curt	A CO	rave					
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Conditions, if		E	18000000	Co	vivue:	_		dear	<u></u>	
gove rise to couse (o), stotic			to ed	121	-					
lying couse lo	-)	Dea	an	ec -			7		
PART II. C	OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	PE	AS AUTOPS RFORMED?
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OGO	URRED. (E	nter noture of injury in	Port I or Por	t II of item 18.)			
20c. TIME OF INJ	n.	ar 20d, IN	JURY OCCURRED 20	De. PLACE foctory.	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(Cov	nty)	(Stot
p. n	10	of work								
21. I certify I	hot (I) (this hospital) ottende	ed the deceased fr	om	19531	9 . to	18/0	0, 19	that (I) (we) lo
	eosed alive onS	7.19			h occurred at 2	-				
220. SIGNATURE		7	77-13-17-0110 11	ioi deoi	Discorred di Z	824.	1960	id dif file d	ole sid	22b. DATE
	bu	all	aus	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.			SIGNE
22c. PHYSICIAN' NAME (Type		l Bark	parich M.D.		22d. ADDRESS	- C	wa L	eous	ara	Hou
23a. BURIAL, CREMA	TION, 236. DATE THEREC	-	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d, LOCA	TION (City, town,	or county)	-	Stote)
Burial Speci	(fy) 8/27/60		Sacred H			-	hwood,		Mar	yland
24, FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		2So. RE	C'D BY REGIST	TRAR 25b, REG	ISTRAR'S SIGN.	ATURE	
W. Clarke	Mattingley		Leonardto	wn. M	d DATE A	UG 3 1 '6	0 0	nthun & to	Times	

y the funeral director, 2 should be filled with rs after death. Pogm 4 TO HOSPITA OR ATTENDING PHYSICIAN: The low requires that the death certificate percepted within 24 may be received by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event within 72 hours after death. VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO TA

Year

1960

Box 317B

ONSET AND DEATH.

PERFORMED? YES NO X

(State)

DATE SIGNED

(State)

ofter depth. Page

ed by the DIRECTOR: VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH 958 PIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

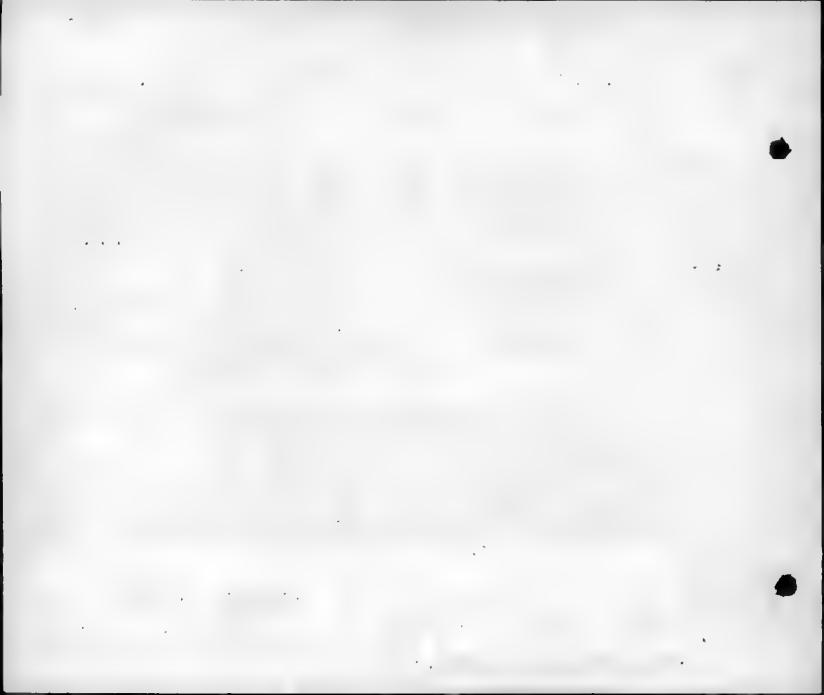
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ı			0001		CERTIF	ICAT	E OF DE	ATH							
	1 6	LACE OF DEATH	Marv's		MARY		USUAL RESID	ence (wh	_	l lived if inst b. COUI	NTY_		ary		ion)
	Ŀ	. CITY OR TOWN (If o	utside corporate limits,	write i	LENGTH OF STAY	IN 1b	c CITY OR TO			rote limits, wri					1)
		Rural Or	raville		11 months			ral	Grea	t Mill	8				
	-	NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol, give	e street oo	idress)		d. STREET AC	DDRESS						e. IS RES ON A YES	L FARM?
	3. 1	NAME OF DECEASED	First		Middle		Last		4. DATE OF		Month		Da	у	Yeor
		Type or print)	Elizabe		May		Bean		DEATH		gus		18		1960
ı	S S	EX 6	COLOR OR RACE				DATE OF BIRTH		-	9. AGE (In ye lost birthdo	y) [N	Months	Doys	Hours	ER 24 HRS
-		OTE LO COUPATION	HALL LAST	VIDOWED	<u> </u>	0	anuary			81_	yrs.	T2 CIT	IZEN OF	WHATC	OUNTRY
-1		during most of working	g life, even if retired)	TE TOD K	114D OF BUSINESS Q	K 1140031K	3.6	rvlai		2011177			.S.A		.COI41KI
	13.	Housewif	.е				14 MOTHER'S						* 10 * 1		
		Joh	n Evans				Mars	r E11e	en Bea	n					
4		WAS DECEASED EVER I		S? 16. SC	OCIAL SECURITY NO	17 INFO	DRMANT				Addres	\$			
	§ 7 481	, no. or unknown) [II]	yes, give wor or dores or serv	rcej			Rose Co	celia	Unkle		Gre	at l	iill:	s_,_	
ľ	ì	18. CAUSE OF DEATH	Enter only one cous	e per line	for (o), (b), and (c).	1 1	4	~	,					RVAL BE	ETWEEN DEATH
			WAS CAUSED BY MMEDIATE CAUSE (6)_		Serch	roll	Varor	11/10	ser	/				5	2
		423	DUE TO			' /	0 .1.	0	1/ /					***************************************	
		Conditions, if ony, gave rise to imm			11 Herry	LOC	Kerokic	20	va	Hase					
		couse (o), stoting the													
	z	lying couse lost.	(c)_ R SIGNIFICANT CONDI	TIONS CO	NITPIREITING TO DE	ATH DUT NO	OT DELATED TO	THE TERMI	NAI DICEAC	F CONDITION	CIVEN	INI PAI	T 1/m 1	2 A/W 0	AUTOPS
	CERTIFICATION											11117	1,0,1	PERFC YES	DRMED?
		200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY MI	UNDERLYING [] 2: CAUSE OF DEATH EDICAL EXAMINER)	0b. DESCR	RIBE HOW INJURY O	CCURRED.	(Enter noture of	injury in I	Port I or Por	t II of item 18)				,
	MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Year	20d. INJ While	URY OCCURRED Not while	20e PLAC focto	E OF INJURY (H	lome, farm bldg. etc	20f. (City	or town)	-	(County)		(Stote
	ME	p. m.	19	ot work	ot work				1)				,		
		21 I certify that	(I) (this haspital)	attende	d the deceased	fram	Lesse-	, 193	58oC	mg/	Z	., 19.4	a, th	at (I) ((we) la:
-1		saw the deceased	d alive an (10)	916	1960, and	that dec	ath accurred	at	M, fram	the causes	and	an th	e date		
		220 SIGNATURE	oy Tu	yt	her	/ m.	ATTENDING PHYS		ED. RECTOR []	STAFF PHYS				22	b.DATE SIGNE
		22c PHYSIZIAM'S NAME (Type)	0				22d. ADDRE		hanica	ville.	Ma	rvla	nd		
	236	BUR AL, CREMATION	23b. DATE THEREOF		23c NAME OF CEM	ETERY OR	CREMATORY			TION (City, to				(Sto	te)
		Burial (Specify)	8/20/60		Holy Fac	9			Grea	t Mill	В.		Ma	ryla	
1	24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			2So. REC'		RAR O 2Sb R	EGIST	RAR'S S	GNATJ	RE	
	W	.Clarke Ma	ttingley I	ona	rdtown. Me	rylar	nd	DATE			€.4.	replana	1. Th		

and 2 shauld be filed with rs after death Page TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has been as by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haus after death.

VR A15 (4) 15M 9/59



VR A1S (4) 1SM 9/59

9579

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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\		OCK THE TOP						
	I. PLACE OF DEATH O. COUNTY			ENCE (Who	ere deceased lived.		Residence bef	ore admissian)
4	St. Mary's	MARYLAND	a. STATE Ma	ryla	nd t	COUNTY	St. Mar	ry [‡] s
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If or	utside corporate lin	iits, write RUR	AL and give n	earest town)
,	RURAL and give nearest town) Leonardtown	3 months	R	iral.	Rark h	all		
	d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION		d STREET AL	DRESS				e. IS RESIDENCE ON A FARM?
	St. Mary's Hos	pital						YES NO NO
	3. NAME OF Eirst	Middle	Lost		4. DATE	Month	D	ay Year
	(Type or print) Kary	Elizabeth	Bean		OF DEATH /	ugust	23	19 60
	S. SEX 6 COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AG	a late of the late		R IF UNDER 24 HRS
	Female White WIDOWE	D DIVORCED 🗌	Nov. 11	187	5 8	yrs "	Months Doys	Hours Min.
	10a USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLA	CE (State o	or foreign country)			F WHAT COUNTRY?
	House wife	Home	Ma	ryla	nd		U.S	5.A.
N	13 FATHER'S NAME							
Л	Janes S. Pomerov		Viz	ginie	Matthew	S		
	1S WAS DECEASED EVER IN L. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17. IN	FORMANT			Addres	\$	
		Mr	s J. Had	lock	Par	k Hall	, Mary.	land
	18. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]	1 11				Ni No	TERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	what en	toliss					1 dou
ı	DUE TO A							
	Conditions, if any, which) (b) (b)	rome indos	andrli	, an	d mos	rand	tis 6	years
	gove rise to immediate couse (a), stating the under-				Ø			4
	lying couse last. (c)			· <u> </u>				
	PAIT II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)	PERFORMED?
		emeloid				. 10.1		YES NO
	OR CONTRIBUTING CAUSE OF DEATH	TRIBE HOW INJURY OCCURRED) (Enter noture at	injury in P	ort I or Port 1 of 1	tem (B)		
		for	CE OF INJURY (H		20f. (City or tav	rn]	(County) (State
	Hour a.m. ∀ P.m. 19 at worl	TAUL MUSIC	iory, sireer, office	olog, elt				
1	21. I certify that (I) (this haspital) attend	ed the deceased from	May 1.	190	00 to a	4 29	11960	hat (I) (we) ;as:
П	sow the deceosed alive on Useg 2	1_1960, and that d	eoth occurred	01/02	RAA the c	auses and		
	22a SIGNATURE	11/	A THE NITTH IS		-			22b DATE SIGNED
		1 Bun,	A.D. PHYS.	ME DIE	D STA	S. 🗆		3101422
	PAME (Type) P. U. BEA	N X(I	22d. ADDRE	3 - Le	x-mi	6	md	
	23g BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OF	R CREMATORY	- Apr -	23d LOCATION (City town, or	caunty)	(State)
	Burial 8/24/60	Holy Face			Great 1		Mary:	
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		2Sa. REC'E	BY REGISTRAR	25b REGISTI	RAR'S SIGNAT	
	W.CLARKE MATTINGLEY LEONA	RD TOWN MARYLAN	D	DATEAUG	3 1 '60	Cirth	us S. Krai	A.A.



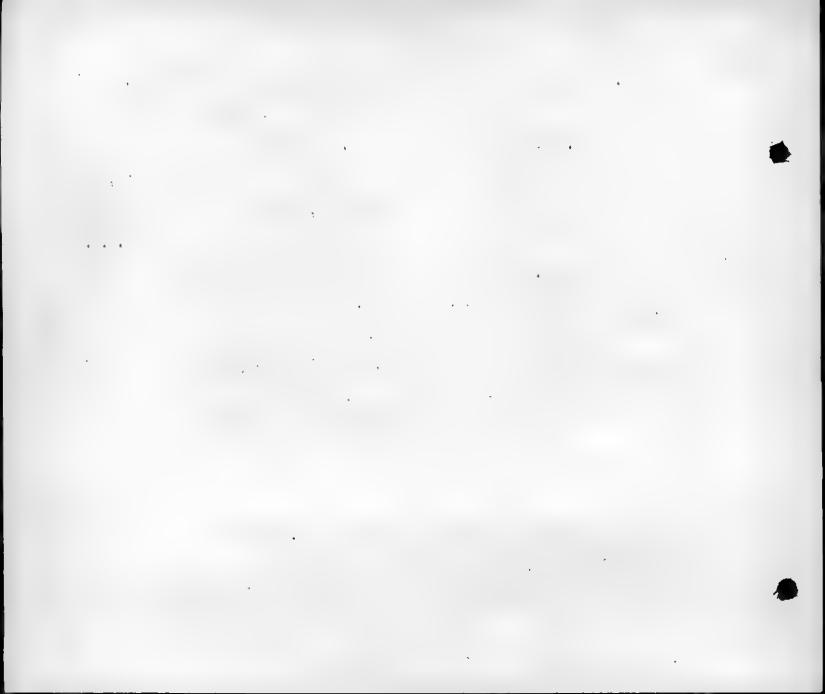
FOR STATE CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH ay is necessarial director. Page a. COUNTY a. STATE b. COUNTY St. Mary's St. Mary MARYLAND Maryland b. CITY OR TOWN (if autside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) hr. Lexington Park Rural Pinev Point d. STREET ADDRESS a. IS RESIDENCE Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? refained State YES NO TO 3. NAME OF Middle 4. DATE Month Day Year deal DEP. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an ease executed within 24 hours after death. If an should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related to TNERAL DIRECTOR: Page 3 should be used as a boriel-transit permit. File pages 1 and 2 with the Statement of the pages 1 and 2 with the Statemen DECEASED OF (Type or print) DEATH 19 60 Daye August Joseph 6. COLOR OR RACE 17. MARRIED 8. DATE C BIRTH 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED lest b rihdey) Mala WIDOWED May 5, YIN. Colored 10a. USUAL OCCUPATION IG ve kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if relired) U.S.A. Maryland None FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Cha se Samuel Daye 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (If yesgive wer or deles of service) Lexington Park, Maryland Samuel Daye 18. CRUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: DROWNING IMMEDIATE CAUSE (e) **DUE TO** (b) gava risa to immediate cause DUE TO (a), stating the undarlying causa last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word NO 200. EXTERNAL/CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Item 18.) PRIMARY IT OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) (Stata) Month, Day, Year factory, street, office bldg.,,atc.) Hour June?" al work at work 11 / FUTUM AK 1216 2 R 3 16'p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry and in my opinion Undetermined manner death resulted from: Accident Suicide | Homicide Natural causes CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER [**EXAMINER'S** NAME (Type) D. Boyd, والأ Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) [State] REMOVAL (Specify) Q40 p Holy Face Cemetery Great Mills, Maryland Burial AUG 1 7 60 246. 23. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE AUG VS. ATSME SM 7/59 W. Clarke Mattingley Leonardtown, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH



's after death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed



9590

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

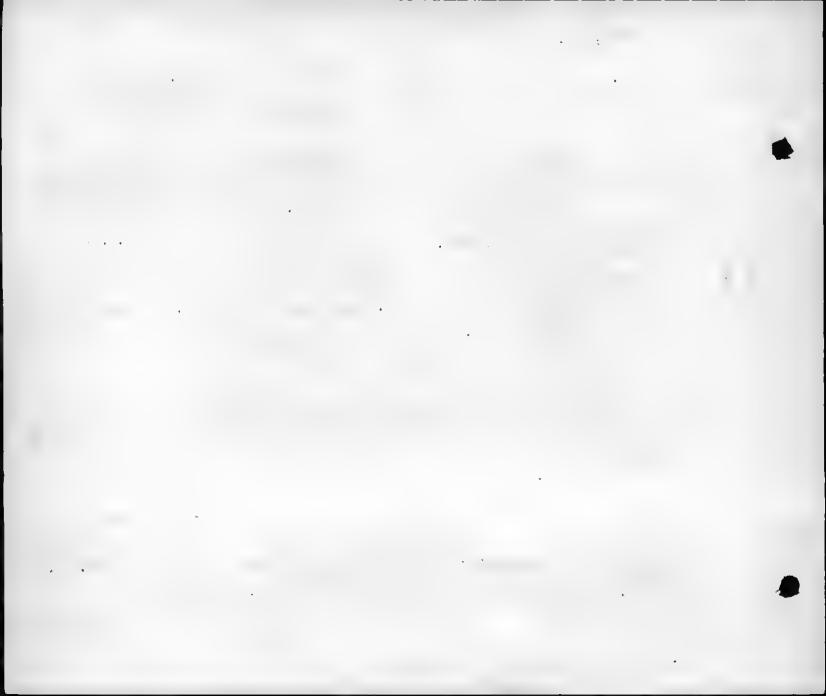
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v	007		IE OF DEAL	н			
1. PLACE OF DEATH	. Mary's	tem 9 FilmU269 MARYLAND	2. USUAL RESIDENCE STATE Maryland	(Where deceased live	d If institution:		odmissian)
RURAL and give	(If autside carporate limits, wr nearest tawn) Abell	c. LENGTH OF STAY IN 1b		(If outside corporate Abell	límits, write RURA	AL and give near	est fown)
	ITAL (If not in hospital, give st		d. STREET ADDRES	s		e	IS RESIDENCE ON A FARMI YES NO
3. NAME OF DECEASED (Type or print)	First Jeremia	Middle	Gibson	4. DATE OF	Month ugust	Day 18,	Yeor 19 60
Male	120 0 0	MARRIED NEVER MARRIED 🖔	B. DATE OF BIRTH November 9,	100-		anths Days	F UNDER 24 H Hours Mir
00 USUAL OCCUPAT during most of wo FARME	rking life, even if retired)	TARMING	STRY 11, BIRTHPLACE (S		γĺ	U.S.A.	
3. FATHER'S NAME Jeremie	h Gibson		Sarah Cul				
5. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? If yes, give wor or doles of service)		Blanch Gibs	son Al	Address cell Ma		
Conditions, if gove rise for couse (a), stating lying couse lost PART II O	immediate DUE TO	ns <u>contributing to death</u> but	NOT RELATED TO THE T	ERMINAL DISEASE C.C.	NDITION GIVEN	IN PART 1(0) 19	. WAS AUTOP
20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED 10d. INJURY OCCURRED 20e. PL	D (Enter noture of injury ACE OF INJURY (Hame,			(County)	YES NO
20c. TIME OF INJU Hour o. m	. w	hile Not while fo	clory, street, office bldg.	, etc.)			·
21. I certify the		ended the deceased from	- 7	12.60.ta_8. M, fram the		, 19_ 60 , tha an the date	.,.
22a SIGNATORE	arles Dre	emell	M.D. PHYS.	MED S DIRECTOR P	TAFF HYS []	AUG	22b DATE SIGN 19, I
NAME Type)	Charles Green	well	Leonard	town, Mar	land		<u>-</u>
230. BURIAL, CREMATI PREMOVAL (Specif BUTIAL)	ⁿ⁾ 8/22/60	23c NAME OF CEMETERY C		Bushwoo	(City, town, or c		(State) ryland
24. FUNERAL DIRECTO	r's signature • Mattingley	ADDRESS Leonardtown.	3.6.2	REC'D BY REGISTRAR		AR'S SIGNATURE	

TO HOSPITATOR ATTINETIES ENYSICIAN: The low requires that the direct certificate be exacuted within 24 haprs offer death. Page 4 may be respected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death

VR A15 (4) 15M 9/59



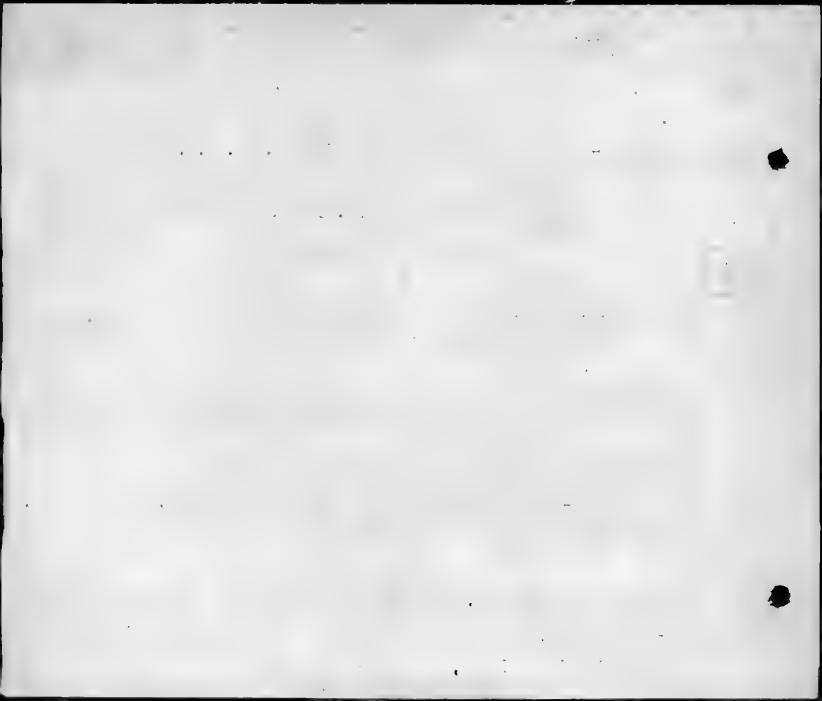
STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institutions Residence before admission) ay is necessary, ral director. Page of for your files. COUNTY b. COUNTY St. Mary's St. Mary's MARYLAND Maryland b. C.TY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Rural Hollywood Rural Hollywood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained State YES A NO death 3. NAME OF Middle 4. DATE Month Day end 3 to the DECEASED OF 8 the 59 5 may 1 and 2 with 1. 23 (Type or print) DEATH 1960 Hebb Jr. Magon James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR! IF UNDER 24 HRS. 18 vrs. Days Male Colored WIDOWED [DIVORCED F 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even f retired U.S.A. Maryland Farming within 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Buchanan Ella XXVXXXXXX J. Mason Hebb Sr. File in pencil in Item 18. Giv Office along with form buriel-transit permit, File MEDICAL EXAMINER. This certificate should be executed within IS WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (Ifyesgive war or detes of service) Hollywood, Md No J. Mason Hebb Sr. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN <u>.</u>⊆ ONSET AND DEATH 7. 2mm IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which "pending" | geve rise to immediate cause DUE TO (e), steting the underlying Examiner cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word NO I Medical should 200. EXTERNAL CAUSE WAS PRIMARY FOR OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Iam 18.) ute the centificate, while Media of forwarded to the Chief Media AL DIRECTOM: Page 3 should be of the control o CAUSE OF DEATH CAL Month, Day, Year , | 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or lown) 3.4 While Not While at work 1 fectory, street, office bldg., etc.) H-glian 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | ill inquiry and in my opinion death resulted from: Natural causes Accident L Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER IL Address (Street, city, town, or county) DEP 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 226, BURIAL, CREMATION. 226, DATE THEREOF (State) REMOVAL (Specify) St. John's Cemetery Maryland Hollywood 4 5 6 8/26/60 Burial ADDRESS 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME W. Clarke Mattingley DATE AUG 3 1 '60 Leonardtown, Md 5M 7/59 arthur & France

STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY director, Page a. STATE b. COUNTY St. Harys
b. CITY OR TOWN [if outs de corporeta lim ts, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate firm is, write RURAL and give neerest town) S CE write RURAL and give neerest town) Nr. Cove Point day Washington Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? be retained the the State B St. death 3. NAME OF DATE Middle Last Month Year DECEASED OF ar death. If a med 3 to me Amos Henry (Type or print) DEATH after 19 with 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR; IF UNDER 24 HRS within III hours after deali 18. Give Pages 1, 2, III d 3 1 form PM3. Page 5 may 8 nit. Filo-pages 1 and 2 with 1 event within 72 hours at 2 will (ast birthday) Months' Days WIDOWED | DIVORCED Negro 10e USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, 8 RTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired Laborer Laborer Brookneal USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tearle Henry Anna Greene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address in marcil in Item 18. (Yas, no, or unkown), (Ifyes give werordatas of service) permit. with Beatrice Henry. Washington 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c).] INTERVAL BETWEEN Office along v .⊑ PART I. DEATH WAS CAUSED BY: and Accidental Drowning Instant IMMEDIATE CAUSE (a) **DUE TO** removal, This certificate should Conditions, if any, which [b] gave rise to immediate cause 10 Examiner's DUE TO SE (a), stating the undarlying ò pesn cremation, PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Ite the semificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, crema NO 208. EXTERNAL CAUSE WAS PRIMARY OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Drowned while swimming 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Homa, farm, ' 20f. [City or town] 20c. TIME OF INJURY Month, Day, Year (County) (Stata) Not Whileyes factory, street, office bldg., atc.) While -6-60,0 St. 6 Chesapeake Md. Marys at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Accident X death resulted from: Natural causes Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 60 EXAMINER'S NAME (Type) John Mace Addrass (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 日日日 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) Brookneal Cemeterv 0 g40 b Brookneal. Rem-Burial 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE A15ME erbert M. St. almer Funeral St. Clair, Wash Cambridge, Chilun & Frank Md. DATE ANG 12'60 5M 7/59 By E.J. Murray

MARYLAND STATE DEPARTMENT OF HEALTH



'ay is necessary, ral director. Page d for your files. Halth, 10 Boar in pencil in them 18. Give Pages 1, 2, and 3 to the form of the pencil in them 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State I moval, and in any event of the pages 1. This certificate should be executed within any removal, Examiner's C "pending" ö 28 cremafi asse erecute the certificate, writing the word should be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be MEDICAL EXAMINER: burial, 0 prior agent, designated plnous DEP 0 ₹ 4 O b

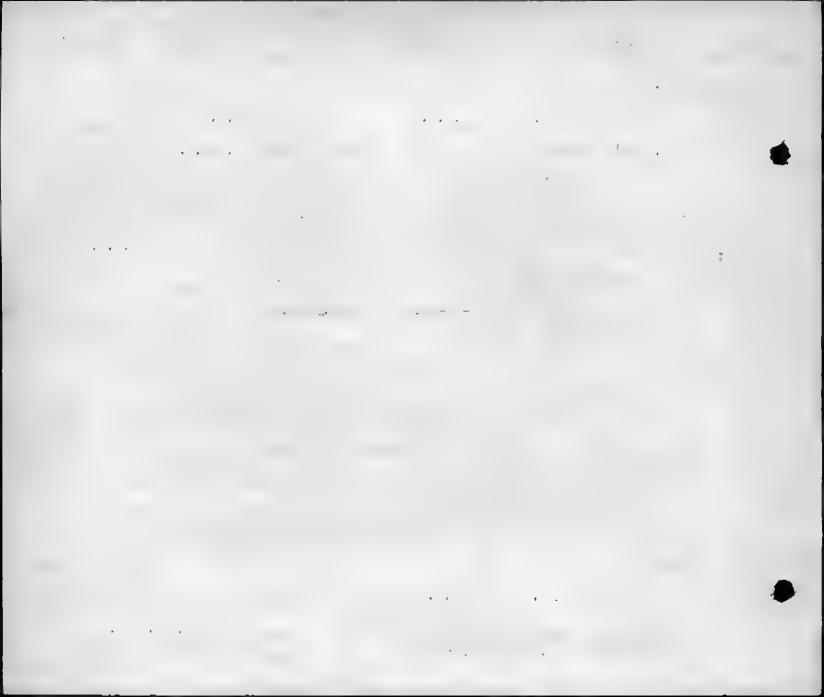
VS. AISME

5M 7/59

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE **b.** COUNTY S+ . Mary's County MARYLAND b. CITY OR TOWN lif outs'de corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) D. O. A. Washington D.C Leonard town, Md. . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO X St. Mary 4337 Nichols Av., S.W. s Hospital 3. NAME OF Last DATE Month Year Middle DECEASED OF (Type or print) DEATH Andrew August 1960 IF UNDER 24 HRS. 5 SEX 6 COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | 7. MARRIED X NEVER MARRIED lest birthdey) Months | Days Hours | Min. White WIDOWED DIVORCED Male April 1908 TOe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salesman West Virginia U.S.A. Store 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Horsney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Same 232-10-1910 Hormney 18. CAUSE OF DEATH (Enter only one cause per I na for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CK 1 **DUE TO** Conditions, if eny, which {b} geva rise to immediata causa DUE TO (a), steting the undarlying causa lest. PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [County] (State) factory, street, office bidg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection L Inquiry L and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes & CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ASC DEPUTY MEDICAL EXAMINER EXAMINER'S William H. Partick M.D. NAME [Type] Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 276. NAME OF CEMETERY OF CREMATORY Shinns ton Masonic 22d. LOCATION (City, town, or country) REMOVAL (Specify) Shinnston, Removal 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE eddin . 35. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09562

	9592
(M)	PLACE OF DEATH O. COUNTY St. Mary

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be get by the hospital or attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to buriol, crematian, as remained may an execute the state Board of Health prior to buriol, crematian, as remained may are secured. is signed by the attending physician and completely filled why the funeral director, sit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with it remayal, and in any event, within 22 hours after death

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Pine Cia Gillour in the Company of t	Tr. DIRECTOR: After this certificate has been	hould be detached for use as the buriol-trans	Board of Health prior to buriol, cremotion, o	
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VR A15 (4) 15M 9/59

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1	PLACE OF DEATH O. COUNTY St. Ma	nula		MARYLA	li.	2. USUAL RESI	PENCE (WI	here deceased	d lived. If institution b. SOUNTY	ion: Resider	ice befo	re odmis	sion]
	b CITY OR TOWN (If	outside corporate limi	ls, write	c. LENGTH OF STAY IN	16			outside corpo	rote limits, write I			prest tow	n)
	Rural Holl	ywood		Life		Rural	Holl	Lywood					
	d NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street			d. STREET A						ON	SIDENCE A FARM?
	NAME OF	Fig	st	Middle		Las	t	4. DATE	Moi	nth	De	у	Year
(Type or print) Ella			Blanch		Nor	ris	OF DEATH	8		23	,	1960	
5	SEX	6. COLOR OR RACE	7. MARR	RIED 🔲 NEVER MARRIED	□ B.	DATE OF BIRTI	Н		9. AGE (In years last birthday)				ER 24 HR
F	emale	White	WIDOWI	ED 🔝 DIVORCED	3 (October	28,	1868	91 yrs	Months	Doys	Hours	Min.
10c	USUAL OCCUPATION	N (Give kind of work on the life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	ACE (State	ar foreign c	ountry)	12.CIT	IZEN O	WHAT	COUNTRY
	Housewif					Mar	yland			U	.S.		
13	FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME					
	William	Wood				Betty	y ?						
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INF	ORMANT			Ado	ress			
Ŀ	No	74, 314 14 14 14 14			Mrs	s. Viola	Dix	on	Hollywoo	d, Md			
CERTIFICATION	Conditions, if an gove rise to in couse (o), staling it lying couse last. PART II. OTHI	H WAS CAUSED BY: IMMEDIATE CAUSE (c. Y, which he under- ER SIGNIFICANT CON S UNDERLYING	DITIONS C	CRIBE HOW INJURY OCC						VEN IN PAR	10	yea 19. WAS	ORMED?
MEDICAL	20c, TIME OF INJURY Haur o. m. p. m.	Manth, Day, Ye	ar 20d. II While of war	Not while	e PLAC facto	CE OF INJURY (ary, street, affici	Hame, forn bldg., etc	n, 20f. (Cil)	r or town)	(County)		(State
		(I) (this haspitaled alive on O		led the deceased fr 2_160 , and th 3	- (1	/	d at /1.2		the causes a			stated	
	NAME (Type)	.J Bean M.	D					lls, M	aryland				
230	BURIAL, CREMAT ON REMOVAL (Specify)	N. 23b. DATE THEREC)F	23c NAME OF CEMETE				23d LOCA	TION (City, lown,	or county)		(Sto	ita)
	Burial	8/27/60		St. John's	Cer	netery		Holl	ywood		1	lary	land
24	FUNERAL DIRECTOR'S			ADDRESS			25a REC	D BY REGIST	TRAR 25b REG	ISTRAR'S SI	GNATU	RE	
	W. Clarke	Mattingle	1	Leonardtov	m,	Md	DATEAU	G 3 1 '61		-1 - 8	4	4-	4



the mgistrar within in by the funeral

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

ATTENDING PHYSICIAN CONTINUES THE Taw requires that the death The Eattom copy may be retained by the hospital or attending physician.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Items 5,6,9 FilmG269 8-30-60 et 09563

Orling & Frank

CEDTICICATE OF DEATH

9593 CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
14 5 Du	Macalles of Comments
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE
OR and give nearest town) (in this place)	CITY (If ourside corporate limits, write RURAL and give nearest town)
TOWN PINEY IT THE	SI TOWN JINEY DT.
HOSPITAL OR / INSTITUTION OR STREET ADDRESS	STREET (If rural giva location) ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Typa or Print) EliZADETh	PURCE // DEATH 8 21 1960
RACE WIDOWED, DIVORCED,	TE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify) / /42 K /5 (1)	-6-1380 80 THY yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Stele or foreign country) / 12, CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired) ## 00 6.2 Will	MIA DILL FACE COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
AUCTIN DIAMO	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	F 11/-110; 11
(Yas, no, of ynk.) (If Yas, giva war or detes of service)	
1/10	Eugene Purceell Purcell Piney Point
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
* IMMEDIATE CAUSE (A) Mifile	I ARCHA FAILURE
ANTECEDENT CAUSE(S) DUE TO	LIA + Chokevit 1 12:
DISEASES OR CONDITIONS, IF ANY, (B)	UIA + Clichex H 1 172
STATING UNDERLYING CAUSE LAST. DUE TO	201 The Doubours 12
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	171 141 141 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	DAL AUTOROVA
Was alleged as a second	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED Withite Mr. White et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	" 1 10 (1/2) 2 2/ 10 (1/2) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 . 9 -91 . 1 A	
alive on	"," ","
1 and 1 lander	ADDRESS (Street, city, lown, stele) DATE SIGNED
23. BURIAL, EREMATION, DATE THEREOF NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county) [State]
REMOVAL (SPECIFY)	(Date)
BURIAL AUG/35.1960 Trinit	y Cemetery St.Mary's City, Maryland 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	1
DATE AUG 2 3 '60 Colone & Frank	W.Clarke Mattingley Leonardtown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

		9594	VISION C			AND RECORDS — BA		MARYLAND	(19	504	1
	PLACE OF DEATH	Mary's	* * * * * * * * * * * * * * * * * * * *		MARYLAND	2. USUAL RESIDENCE o. STATE Maryland		d lived. If institution b. COUNTY	m: Residence b	efore ada	mission)
	b. CITY OR TOWN (IF RURAL and give ne Rural Dyna	outside corporate orest town)	limits, writ	c. LENGTH C	F STAY IN 16	c. CITY OR TOWN		rote limits, write RL	JRAL ond give	nearest to	own)
	d. NAME OF HOSPITA OR INSTITUTION		ol, give stre	et oddress)		d. STREET ADDRESS				10	RESIDENCE N A FARM
	NAME OF DECEASED (Type of print) Jal	nes Ern	First		Middle	Quade	4. DATE OF DEATH	Mont 8	th	Doy 3	Year 1960
	Male	6. COLOR OR RA	1412	ARRIED NEVER	MARRIED	8. DATE OF BIRTH April 8, 18	390	9. AGE (In years lost birthday) 70 yrs.	Months Do		
	during most of work Farmer FATHER'S NAME			06, KIND OF 8USI	NESS OR INDU	St. Mai	ry's Con		U.S		TCOUNT
	Joseph Me WAS DECEASED EVER S. no. or unknown)		FORCES?	16. SOCIAL SECUR		Lucy I	Russell C. Quad	Addr	e\$s		
	PART I. DEA' Conditions, if or gove rise to in couse (a), storing I	TH WAS CAUSED IMMEDIATE CAUSED DU	8Y:	line for (0), (b),	ond (c).]	o Lenon	Lage				BETWEEN ND DEATH
CERTIFICATION	lying couse lost. PART II. OTH	ER SIGNIFICANT (T NOT RELATED TO THE TE			EN IN PART 1() 19. W/PEI	RFORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	ATH	PESCRIBE HOW IN	JURY OCCURRI	ED. (Enter noture of injury	in Port I or Por	t II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day,	. Wh	ile Not while work of work	f.	ACE OF INJURY (Home, octory, street, office bldg.,		y or town)	(Cour	ity)	(Sic
	21. I certify tha		italy atte			you.	19 1.10	gug .	3, 1960,	that () (we) lo

MED.

Roy Guyther

22d. ADDRESS Mechanicsville, Md.

23g. BURIAL, CREMATION, REMOVAL (Specify) 8/6/60

23c. NAME OF CEMETERY OR CREMATORY Sacred Heart

23d. LOCATION (City, town, or county) Bushwood,

(Stote) Md.

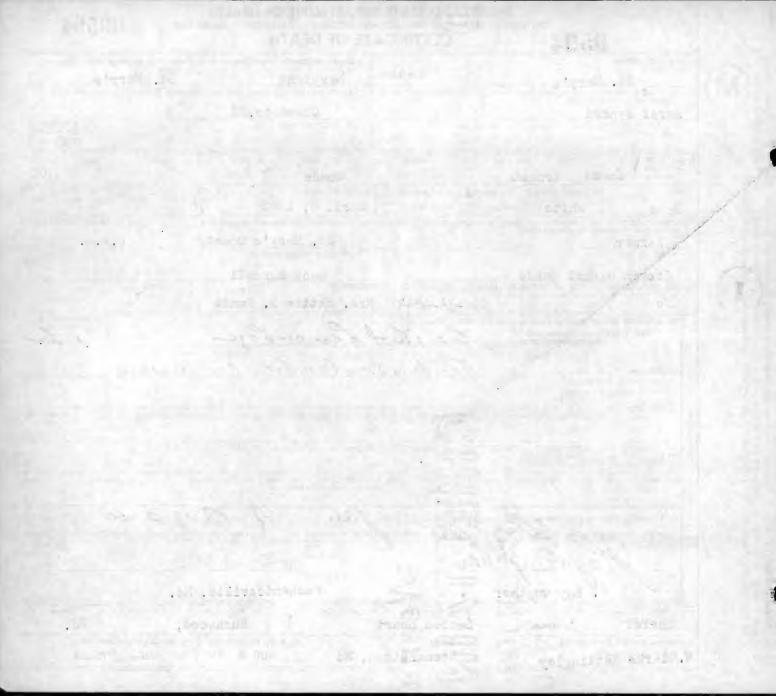
ADDRESS

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

W. Clarke Mattingley

Leonardtown, Md



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificially executed within 24 hours after death. Page 4

000%	CERTIFICA	TE OF DEATH			-000					
, PLACE OF DEATH		2. USUAL RESIDENCE (W			before admission)					
St. Mary's	MARYLAND	Maryland	b. C	St. Mary	8					
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give neorest town)	ite c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	utside corporate limits,	write RURAL and giv	e nearest town)					
Leonardtown, Md	2 hours	Leonardto	X Leonardtown, Maryland							
d. NAME OF HOSPITAL (IF not in hospitol, give strong institution St. Mary s Hospital		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?, YES NO A					
			T							
NAME OF DECEASED (Type or print) Marths	Middle	Tarlton	4. DATE OF DEATH	Month	28 1960					
	AARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I lost bir	n years IF UNDER 1	YEAR IF UNDER 24 HRS					
	OWED DIVORCED	August 3, 188	35 lost bir	thdoy) Months D	oys Hours Min.					
0o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU				N OF WHAT COUNTRY					
Maid		St. James		U.S	S.A.					
3. FATHER'S NAME		14. MOTHER'S MAIDEN N								
James A. Tarlton		Sylvia Cu	ırris							
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. no. or unknown] [If yes. give wor or dates of service]	214 10 2 11	INFORMANT		Address						
	211-18-2014 3	Janie R. Barne	8	Leonardto	wm, Md					
18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).	tation of H	ent		INTERVAL BETWEEN ONSET AND DEATH					
Conditions, if ony which)										
gove rise to immediate										
lying couse lost.										
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDIT	ION GIVEN IN PART	PERFORMED?					
200 ACCIDENT WAS LINDERLYING IT 200	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Port Lor Port II of item	18.)	YES NO					
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRISE HOW WORK OCCORNI	ED. (Cital Holore of Injuly III		100						
		LACE OF INJURY (Home, form octory, street, office bldg., etc	, 20f. (City or town)	(Co	unty) (Stote					
10 17	/hite Not white work of work	street, street, street blage, old	,							
21. I certify that (I) (this haspital) att	tended the deceased fram.	8/1	60 to 8	128 196	that (I) (we) las					
saw the deceased alive on Q	25 19 60 and that		M, from the cau							
220. SIGNATURE			,		22b.DATE SIGNE					
Charles fre	ennell		ED. STAFF PHYS.		310145					
22c. PHYSICIAN'S NAME (Type) Dr. Charles G	reenwell M.D.	Leonard to	own, Maryle	ınd						
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City	, town, or county)	(Stote)					
Burial 8/31/60	St. Aloysius		Leonardto	wm	Maryland					
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'		Sb. REGISTRAR'S SIGN						
W. Clarke Mattingley	Leonardtown,	Maryland DATE A	IG 31 '60	Clashun &. 1	Trans					

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